

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551923

FILING DATE

10.3.05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	1		/			
5						
6	3		/			
7	3		/			
8	1		/			
9						
10	1		/			
11	2		/			
12	5		/			
13	8		/			
14	8		/			
15	5		/			
16	6		/			
17	1		/			
18	1		/			
19	2		/			
20	8		/			
21	8		/			
22	1		/			
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TOTAL IND.			5			
TOTAL DEP.			32			
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						